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AMENDMENT TRANSMITTAL LETTER

Docket No.
5999-0524PUS3

Application No. 10/766,948	Filing Date January 30, 2004	Examiner Z. C. Tucker	Art Unit 1624
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Applicant(s): Helena GYBACK et al.

Invention: NEW METABOTROPIC GLUTAMATE RECEPTOR COMPOUNDS

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	113	- 32 =	81	x	50.00	4,050.00
Independent Claims	6	- 6 =		x		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						4,050.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 02-2448 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 4,050.00 is enclosed.

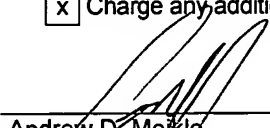
☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: June 5, 2006 (Monday
after weekend)


Andrew D. Meikle
Attorney Reg. No.: 32,868

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/766,948
		Filing Date	January 30, 2004
		First Named Inventor	Helena GYBACK
		Examiner Name	Z. C. Tucker
		Art Unit	1624
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	5999-0524PUS3
TOTAL AMOUNT OF PAYMENT		(\$)	4,050.00

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims		
113	- 32 = 81	x 50.00 =	4,050.00		Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
6	- 6 =	x					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	- 100 =	/50 (round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,868
Name (Print/Type)		Telephone (703) 205-8000	
Andrew D. Meikle		Date	June 5, 2006 (Monday after weekend)



Docket No.: 5999-0524PUS3
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Helena GYBACK et al.

Application No.: 10/766,948

Confirmation No.: 2491

Filed: January 30, 2004

Art Unit: 1624

For: NEW METABOTROPIC GLUTAMATE
RECEPTOR COMPOUNDS

Examiner: Z. C. Tucker

RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In reply to the non-final Office Action dated March 3, 2006, the following remarks and amendments are respectfully submitted in connection with the above-identified application.

This response includes: claim amendments and remarks.

06/07/2006 HALI11 00000032 10766948

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